

ALASKA STATE LEGISLATURE

Finance Committee
•
Health & Social Services Committee
•
Legislative Council
•
Committee on Committees



While in Session
State Capitol, Rm. 103
Juneau, AK 99801
(907) 465-3704
Fax (907) 465-2529

While in Anchorage
716 W 4th Ave
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SENATE MAJORITY LEADER
JOHNNY ELLIS

SPONSOR STATEMENT – SENATE BILL 42

SB 42 – An Act relating to break times for employees who nurse a child.

SB 42 requires employers to provide reasonable, unpaid break time to nursing mothers for the purposes of breastfeeding or expressing breast milk. The bill also requires employers to provide a sanitary and safe place for the employee to do so, unless compliance would create an undue hardship for the employer.

Infant and childhood nutrition has been of major concern in the State of Alaska. Numerous studies have shown that infants who are breastfed have significant health, growth and developmental advantages, as well as decreased risk of acquiring acute and chronic diseases. For maximum advantage, the American Academy of Pediatrics, the World Health Organization and the Surgeon General of the United States all recommend breastfeeding for at least one year.

Only 48% of Alaskan infants are breastfed at six months. Furthermore, in Alaska the percentage of working mothers who were reportedly still breastfeeding was 55.5%, compared to 69.3% for non-working mothers. 23.1% of women cited returning to work or school as the primary reason for discontinuing breastfeeding. The challenges faced by working mothers with infants include inadequate or unsanitary facilities for nursing their infants or expressing and storing milk.

As well as the numerous health benefits to mother and child, guaranteeing accommodations for breastfeeding provides cost saving to the employer for health care, reduced absenteeism and employee retention. By allowing time for nursing mothers to continue breastfeeding, Alaskan employers can do their part in ensuring that the Alaskan workforce of tomorrow is healthy and strong enough to meet the challenges of our future. I urge your support for this important piece of health legislation.

SENATE BILL NO. 42

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - FIRST SESSION

BY SENATORS ELLIS, Wielechowski

Introduced: 1/21/09

Referred: Labor and Commerce, Health and Social Services

A BILL**FOR AN ACT ENTITLED**

1 **"An Act relating to break times for employees who nurse a child."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 * **Section 1.** AS 23.10 is amended by adding a new section to article 7 to read:

4 **Sec. 23.10.450. Nursing mothers.** (a) An employer shall provide reasonable
5 unpaid break time each day to an employee who is the nursing mother of a child so
6 that the employee may breastfeed or express breast milk. The break time may run
7 concurrently with other break time provided to the employee and must occur at times
8 during the workday that reasonably ensure the health and comfort of the mother and
9 the child and allow the employee to maintain breast milk supply.

10 (b) An employer shall provide a private and sanitary room or other location in
11 close proximity to the work area, other than a toilet stall, where the employee can
12 express milk or breastfeed the child.

13 (c) Nothing in this section requires an employer to allow a child in the
14 workplace at times other than break times.

15 (d) In this section, "employer" means a corporation, company, partnership,

1
2

firm, association, organization, or sole proprietor, including the state and any political
subdivision of the state.

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number:

Bill Version:

SB 42

() Publish Date:

Identifier: **SB42-DOA-DOP-03-22-09**

Title: "An Act relating to break times for employees who nurse a child."

Dept. Affected: Administration

Sponsor: Sens. ELLIS, Wielechowski

RDU: Central Administrative Services

Requester: (S)L&C

Component: Personnel

Component Number: 56

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
		FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING		0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES							

CHANGE IN REVENUES ()

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL		0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2009) cost:

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

The impact of this bill on the Department of Administration will be minimal; therefore the agency submits a zero fiscal note.

Prepared by: Nicki Neal, Director

Division: Personnel & Labor Relations

Approved by: Kevin Brooks

Deputy Commissioner

Phone 465-4429

Date/Time 3/22/09 2:30 PM

Date 3/24/2009

**2009 STATE LEGISLATIVE PROGRAM
MUNICIPAL PRIORITY ISSUES**

Legislation

ISSUE/PROJECT NAME: "AN ACT RELATING TO BREAK TIMES FOR EMPLOYEES WHO NURSE A CHILD."

PRIORITY: 3

ISSUE/PROJECT DESCRIPTION:

This legislation would ensure the opportunity for women to express milk and/or breastfeed at work

COMMENTS:

The American Academy of Pediatrics recommends exclusive breastfeeding during the first 6 months for the reduced risk of infection and for the prevention of childhood obesity. Healthy People 2010 has set a target for 75% of mothers initiating breastfeeding with 50% continuing to breastfeed at 6 months postpartum. Only 48% of Alaskan infants are breastfed at 6 months. Women often find it difficult to continue breastfeeding once they return to the workplace. Challenges include lack of break time and inadequate facilities for expressing and storing human milk. In Alaska the percent of working mothers who indicated they were still breastfeeding (55.5%) was significantly less than the percent of non-working mothers who were still breastfeeding (69.3%) reported at an average of 4 months post-partum. Of the reasons women cited for discontinuing breastfeeding, returning to work or school was fifth (23.1%). In addition to the numerous positive health effects, ensuring accommodations for breastfeeding offers rewards for the employer in cost savings for health care, reduced absenteeism, increased employee morale, and employee retention. SB 113/HB 190 "An Act relating to break times for employees who nurse a child" is sponsored by the Alaska Breastfeeding Coalition, a diverse group of clinicians, lactation consultants and lay people interested in encouraging and supporting breastfeeding statewide. The Coalition is affiliated with the Centers for Disease Control and Prevention Division of Nutrition and Physical Activity and Obesity. The United States Department of Agriculture Women Infants and Children (WIC) program offered by the Municipality is a member of the Breastfeeding Promotion Consortium whose goals include working toward achieving Health People 2010 breastfeeding objectives. The legislation has also been supported by the Municipality of Anchorage Health and Human Services Commission because promoting breastfeeding in the workplace is an objective identified in the Mayor's Task Force on Obesity and Health 10-Year Plan.

JUSTIFICATION:

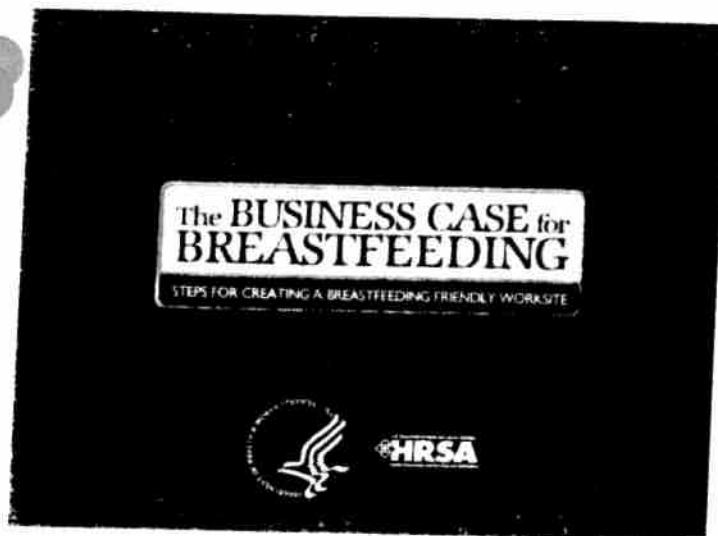
Breastfeeding provides many health advantages for both infant and mother. Numerous studies have shown that breastfeeding reduces the incidence of several diseases. One study found that on average a never breastfed infant costs managed care between \$331-\$475 in direct medical costs alone. Breastfeeding also reduces the risk of chronic diseases such as obesity and diabetes in both the mother and infant.

Legislative District (s):

House: 50-Anchorage Areawide

Senate: Anchorage

CONTACT PERSON: Diane Ingle, Director, Health & Human Services; 343-6718; IngleDE@muni.org



Women in the Workforce

2005 data from U.S. Department of Labor¹ shows:

- 60 percent of women work outside the home
- Mothers are the fastest growing segment of the U.S. workforce
 - 35 percent with children under age 3 are employed
 - 62 percent with children under age 6 are employed
 - 78 percent are employed full-time
- Growth rate has increased by 80 percent over the last 20 years

Health Impact of Breastfeeding

Recommended by major medical and professional organizations

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Academy of Family Physicians (AAFP)
- U.S. Surgeon General
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
- American Dietetic Association (ADA)

Health Impact on Infants

Lower risk of infections and illnesses

- Ear infections
- Respiratory infections
- Dermatitis
- Gastrointestinal disorders

For every 1,000 babies not breastfed, there is an excess of 2,033 physician visits, 212 days in the hospital, and 609 prescriptions²

Impact on Children in Daycare

Health impact is even greater on infants enrolled in daycare centers³

- Daycare attendance is associated with double the odds of needing antibiotic therapy
- Infants breastfed at least 4 months significantly decreased those odds
- Protective effect of breastfeeding on children in daycare persists well into child's second year of life

Impact on Mothers

- Faster recovery from pregnancy and childbirth
- Lower risk of breast cancer
- Lower risk of osteoporosis
- Satisfaction she is giving her baby the best start in life possible

Breastfeeding Makes Good Business Sense

Lower Absenteeism Rates

Case Example

One-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.⁴

Lower Turnover Rates

Case Examples

Mutual of Omaha's lactation support program resulted in a retention rate of 83 percent of female employees compared to the national average of 59 percent⁶

A study of multiple companies with lactation support programs found an average retention rate of 94.2 percent.⁷

A Lactation Program Gives Your Company Bottom Line Benefits

Lower Health Care Costs

Case Example:

CIGNA reported in a 2-year study of 343 employees an annual savings of \$240,000 in health care expenses, 62 percent fewer prescriptions, and \$60,000 in reduced absenteeism rates⁵

Lower Health Care Costs

Case Example:

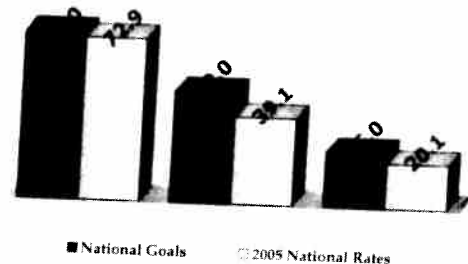
Mutual of Omaha had a yearly savings of \$115,881 in health care claims among families enrolled in the program. Per person costs were \$1,246 MORE for employees who did not participate in the program.⁶

Other Benefits⁸

- Earlier return from maternity leave
- Higher employee productivity and morale
- Higher employer loyalty
- Recognition as a "family friendly" business

Easy Ways to Support Breastfeeding Employees

2005 Breastfeeding Rates Compared to Healthy People 2010 Goals⁹



Basic Needs of Breastfeeding Employees are Minimal

- Time and space to express milk regularly
- Support from supervisors and colleagues
- Information on how to successfully combine breastfeeding with employment
- Access to health professionals who can assist with breastfeeding questions and concerns

Components of a Lactation Support Program

Gradual Return to the Workplace

Basic Needs

- Gradual phase back to work to allow mother and baby time to adjust to the separation

Flexible Options

- Part-time for a period of time
- Job sharing
- Telecommuting
- Flexible scheduling (ex: taking off Wednesdays for a period of time)

Private Room for Milk Expression

Basic Needs

- 4' x 5' space minimal
- Access to nearby running water
- Electrical outlet
- Lock on door

Private Room for Milk Expression

Flexible Options

- Private locked office, conference room, or other space
- Lactation room set up in small office space
- Construct walls to enclose a small space in a larger room, women's lounge, or other area
- A restroom is **NOT** a sanitary place to breastfeed or express milk!

Room Amenity Options

- Lock on door
- Safe, clean environment
- Chair and shelf or table for breast pump
- Access to nearby running water
- Breast pump equipment options
 - Employee could bring her own
 - Company could purchase or rent a durable pump that more than one mother can use
 - Company could provide or subsidize a portable pump designed for working mothers to take to and from work

Milk Storage Options

- Employee could use her own personal cooler
- Company could provide a small college dorm room sized refrigerator located in the lactation room
- A public shared refrigerator could be used if desired by mothers and co-workers

Time to Express Milk

Basic Needs

- Two to three 15-20 minute breaks during a typical 8-hour work period (plus time to go to the site)

Flexible Options

- Use regular allotted breaks and lunch period
- Excess time that may be needed can be made up before or after work, as part of lunch period, or at other times negotiated with supervisors

Education

Basic Needs

- Prenatal information on breastfeeding
- Postpartum assistance in the hospital, at home, and back at work

Education

Flexible Options

- Prenatal and postpartum breastfeeding class
- Informational materials and videos
- Company contract with a lactation consultant or other lactation expert to provide prenatal education and postpartum assistance
- Individualized back-to-work consult with the contract lactation expert
- Referrals to community classes and lactation experts

Support

Basic Needs

- Support from company managers, supervisors, and co-workers
- Mother-to-mother support

Flexible Options

- Worksite lactation support policy
- Training for supervisors and co-workers
- Mother-to-mother support group
- Electronic list serves or company web-based connection network

Model Companies and Public Agencies

Large Companies and Public Agencies (500+ employees)

- Various departments and agencies of the Federal Government
- Boston University Medical Center
- California Public Health Foundation Enterprises
- CIGNA (Philadelphia, PA)
- Fort Lewis and Madigan Army Medical Center (Tacoma, WA)
- Mutual of Omaha
- Home Depot Corporate Office (Atlanta, GA)
- Los Angeles Department of Water and Power
- Pizza Hut Restaurant Service Center (Dallas, TX)
- Sea World (San Diego, CA)
- Texas Instruments (Dallas, TX)

Model Companies

Mid-sized companies (100-499 employees)

- Patagonia (Ventura, CA)
- Sears Roebuck & Co. #2179 (Medford, OR)

Model Companies

Small companies (1-99 employees)

- Andaluz Birth Center (Portland, OR)
- Childhood Health Associates of Salem
- HCG Software, LLC (Portland, OR)
- Pecan Ridge School (Canton, TX)
- Western Environmental Law Center (Eugene, OR)

Beginning a Lactation Support Program in Your Company

- Establish as part of company health benefit services
- House within the wellness division
- Convene a task force with key company stakeholders to identify needs and solutions
- Gain assistance from community resources
- Promote the program with all employees, supervisors, and co-workers to gain buy-in and support

How to Get Help in Our Community

[Insert information about local resources who can assist with establishing a worksite lactation program, as well as provide direct services to mothers.]

Who Can Help

- International Board Certified Lactation Consultants (IBCLCs)
- Health professionals from hospitals or doctor's offices
- Local breastfeeding coalitions
- WIC Program
- La Leche League
- Community groups such as March of Dimes, Healthy Mothers Healthy Babies, and other local groups

References

- U.S. Department of Labor Women's Bureau. (2005). Employment rates of women and their children. Available online at: <http://www.bls.gov/news.release/women/031205a.htm>. Accessed January 20, 2007.
- Wright, A. (1999). Health benefits of formula-feeding in the first year of life. *Pediatrics*, 103(4), 871-876.
- Duke, L. & G. M. (2004). Breast-feeding, infant care, and the consequences of formula-feeding: a population-based longitudinal study in Canada. *Journal of Human Lactation*, 20(3), 244-254.
- Cohen, R., Mink, M.B., & Mink, R.C. (1998). A comparison of maternal breastfeeding and infant health outcomes among breastfeeding and formula-feeding women in two corporations. *Journal of Human Lactation*, 10(2), 148-153.
- Dickson, V., Hawkes, C., Shesser, W., Lange, L., Cohen, R., Shesser, W. (2003). The positive impact of a workplace lactation program on breastfeeding initiation and duration rates: help for the working mother. Unpublished manuscript. Presented at the Annual Seminar for Physicians on Breastfeeding, Co-Sponsored by the American Academy of Pediatrics, A network College of Obstetricians and Gynecologists, and La Leche League International. Chicago, IL, July 21, 2003.
- Maternal and Child Health. (2003). Prenatal and neonatal outcomes: newborn health outcomes. Omaha, NE: March of Dimes.
- Chen, T., McGinnis, K., & Kelly, P. (2004). Duration of breast milk exposure among working mothers enrolled in an employer-sponsored lactation program. *Human Lactation*, 19(2), 111-119.
- Wright, A. (1999). Lactation and the workplace: Breastfeeding, infant care, and the consequences of formula-feeding in the first year of life. *Pediatrics*, 103(4), 871-876.
- National Immunization Survey. (2005). Centers for Disease Control. Available online at: <http://www.cdc.gov/nip/>.

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Proclamations

Breastfeeding Awareness Month

WHEREAS, the Department of Health and Social Services, Division of Community Health, is pleased to announce that the month of October will be designated as Breastfeeding Awareness Month;

AND WHEREAS, the Department of Health and Social Services, Division of Community Health, is pleased to announce that the month of October will be designated as Breastfeeding Awareness Month;

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WHEREAS, the Department of Health and Social Services, Division of Community Health, is pleased to announce that the month of October will be designated as Breastfeeding Awareness Month;

NOW, THEREFORE, I, Sarah Palin, Governor of the State of Alaska, do hereby proclaim October 2008 as

Breastfeeding Awareness Month

in Alaska, and encourage all Alaskans to participate in the month of October as Breastfeeding Awareness Month, and to encourage all Alaskans to participate in the month of October as Breastfeeding Awareness Month.

Given under my hand and the Great Seal of the State of Alaska, this 11th day of September, 2008.

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50 State Summary of Breastfeeding Laws

Updated February 2009

Resources

Health professionals and public health officials promote breastfeeding to improve infant health. Both mothers and children benefit from breast milk. Breast milk contains antibodies that protect infants from bacteria and viruses. Breastfed children have fewer ear infections, respiratory infections, urinary tract infections and have diarrhea less often. Infants who are exclusively breastfed tend to need fewer health care visits, prescriptions and hospitalizations resulting in a lower total medical care cost compared to never-breastfed infants. Breastfeeding also provides long-term preventative effects for the mother, including an earlier return to pre-pregnancy weight, reduced risk of pre-menopausal breast cancer and osteoporosis. According to the *New York Times*, approximately 70 percent of mothers start breastfeeding immediately after birth, but less than 20 percent of those moms are breastfeeding exclusively six months later. It is a national goal to increase the proportion of mothers who breastfeed their babies in the early postpartum period to 75 percent by the year 2010.

- Forty-one states, the **District of Columbia** and the **Virgin Islands** have laws with language specifically allowing women to breastfeed in any public or private location (**Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont and Wyoming**).
- Twenty-seven states, the **District of Columbia** and the **Virgin Islands** exempt breastfeeding from public indecency laws (**Alaska, Arizona, Arkansas, Florida, Illinois, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Hampshire, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, Wisconsin and Wyoming**).
- Twenty-one states, the **District of Columbia** and **Puerto Rico** have laws related to breastfeeding in the workplace (**California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Minnesota, Mississippi, Montana, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington and Wyoming**).
- Eleven states and **Puerto Rico** exempt breastfeeding mothers from jury duty (**California, Idaho, Illinois, Iowa, Kansas, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon and Virginia**).
- Five states and **Puerto Rico** have implemented or encouraged the development of a breastfeeding awareness education campaign (**California, Illinois, Minnesota, Missouri and Vermont**).

Several states have unique laws related to breastfeeding. For instance,

- The state of **Virginia** allows women to breastfeed on any land or property owned by the state. **Puerto Rico** requires shopping malls, airports, public service government centers and other select locations to have accessible areas designed for breastfeeding and diaper changing that are not bathrooms.
- At least two states have laws related to child care facilities and breastfeeding. **Louisiana** prohibits any child care facility from discriminating against breastfed babies. **Mississippi** requires licensed child care facilities to provide breastfeeding mothers with a sanitary place that is not a toilet stall to breastfeed their children or express milk, to provide a refrigerator to store expressed milk, to train staff in the safe and proper storage and handling of human milk, and to display breastfeeding promotion information to the clients of the facility.
- **California** requires the Department of Public Health to develop a training course of hospital policies and recommendations that promote exclusive breastfeeding and specify staff for whom this model training is appropriate. The recommendation is targeted at hospitals with exclusive patient breastfeeding rates ranked in the lowest twenty-five percent of the state.

For Business

Breastfeeding: The Best Investment...

Worksite support
of Breastfeeding
employees improves
your bottom line .



When an employee returns from maternity leave, she wants to be productive and profitable...

And a good mother.

That's why so many women are choosing to breastfeed their babies. Breastfeeding keeps babies healthy and helps them grow to their potential. Breastfeeding helps moms and babies stay close even when they are separated much of the day. The World Health Organization, the American Academy of Pediatrics' and other health organizations, recommend exclusive breastfeeding as the preferred source of infant nutrition exclusively through the first 6 months of life with appropriate complementary foods through at least the first year.

When Women breastfeed, they are more productive on the job

- They worry less about the baby
- They miss less work due to illness from themselves or the baby

A study in two Southern California corporations found twice as many absences related to a sick baby among employees who did not breastfeed compared with those who did. Among babies who were never sick, 86% were breastfed.

Breastfeeding can mean greater profitability for employers.

The faster growing segment of today's labor force is mothers of infants and young children. Helping these women continue breastfeeding after they return to the worksite can result in:

- Less employee turnover
- Faster return from maternity leave
- Less employee absenteeism
- Reduced overtime or temporary worker cost
- Lower utilization of employee health care benefits

Over one year, Aetna estimates a savings of U.S. \$1,435 on medical claims and of three days of sick leave per breast-fed baby. That's a total savings of \$108,737 - an almost 3-to-1 return on their investment in a worksite breastfeeding support program through medical claims alone.

Employer support of breastfeeding is a reflected in:

- Improved employee morale and loyalty
- Improved images as family-friendly
- Improved recruiting for personnel
- Improved retention of employees after childbirth

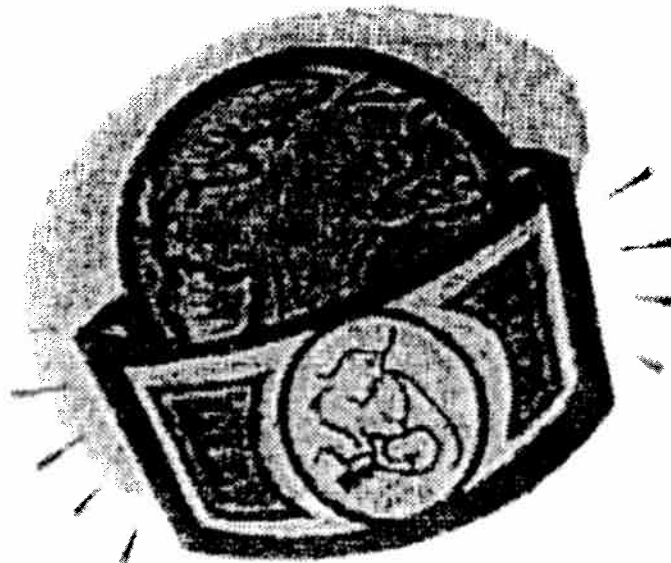
Employees at Los Angeles Department of Water and Power recounted the following benefits of a Corporate Lactation Program:

- 86% state it eased their transition back to work
- 83% feel positive about their employer
- 71% took less time off since being in the program
- 67% were less worried about family problems
- 33% felt that the program enabled them to return to work sooner than anticipated.

A Growing number of companies recognize the benefits of breastfeeding.

Hundreds of companies in the U.S. alone have begun worksite breastfeeding support programs. Company returns on their investment have been substantial.

Sanvita, a worksite lactation support program, has helped companies achieve a \$1.50 to \$4.50 return for each dollar invested.



Companies successfully implementing worksite lactation support programs include Cigna, Eastman Kodak, Eli Lilly, Aetna, the Los Angeles Dept. of Water and Power, the American Academy of Pediatrics, the U.S. Department of Agriculture, the University of Minnesota School of Nursing, the Kentucky Cabinet of Health Services and the U.S. Center for Disease Control and Prevention.

Breastfeeding support can be a powerful contributor to worksite wellness

Breastfeeding provides numerous well-documented health benefits to infants and mothers. These benefits are greatest when human milk is the baby's primary food for at least the first 6 months of life.

Infectious illnesses common in childhood, such as diarrhea, ear infections, and the common cold, are less frequent and less severe among infants who are breastfed. This is especially important for infants and young children in group day care settings, where the risk of infections is increased.

Babies who are breastfed also have a lower risk for death meningitis, childhood cancers, diabetes, obesity, and developmental delays.

Mothers who breastfeed reduce their risk for breast cancer, ovarian cancer and osteoporosis.

Breastfeeding, Baby's Risk of Illness, and Maternal Absenteeism.		
Baby illness	Typical time away from work	Impact of breastfeeding
Diarrhea (not hospitalized)	1 - 2 days	cuts risk by one half to one-third
Ear Infection	1 - 2 days	cuts risk by two-thirds to three-fourths
Respiratory infection	1 - 2 days	cuts risk by three-fourths

Employer support is critical for successful breastfeeding.

Worksite barriers to breastfeeding create added stress for a mother trying to do her best for both her employer and her baby.

- In some instance, a lack of support has kept a mother from returning to an employer or forced her to resign her position.
- In many other instances, worksite barriers keep a mother from even starting breastfeeding, eliminating the opportunity for mother or baby to receive the unique and vital benefits of breastfeeding.

Policies and programs specifically designed to support breastfeeding women are a crucial factor in worksite support. A written policy promotes a corporate environment supportive of breastfeeding.

"Some managers seem to think that participation in wellness programs will interfere with job performance. In fact, such programs help people get their jobs done." - Malcolm Forbes

Components for worksite breastfeeding support programs

To maintain her milk supply, a mother must breastfeed or express milk during the day.

Minimal conditions to support breastfeeding:

- Allowing a 20 to 30 minute break for both morning and afternoon for a mother to nurse her infant or express her milk
- Providing a private, clean area for breastfeeding or milk expression.
- Providing a safe, clean, and cool place or container to store expressed breastmilk.
- Having a clean, safe water source and sink nearby for washing hands and equipment.

Whether a worksite has one breastfeeding woman or one hundred, acceptance of basic breastfeeding needs is the bottom line for support.

Additional worksite provisions for maximal support

- Flexible work schedules, job sharing, or part-time employment
- On- or near-site childcare facilities.

- Breastfeeding education and support is available during pregnancy, maternity leave and after return to the worksite.
- Coverage of breastfeeding consultation services and supplies through the company's wellness program or health benefits plan.

Corporate lactation programs can help women breastfeed as much and as long as women who are not employed outside the home.

Implementing a worksite lactation support program

Business support breastfeeding employees in many ways, often based on employee need and number.

- A flexible policy may be all that is required when employee need is low.
- More extensive facilities, including a specialized pumping or breastfeeding room, may be appropriate with larger numbers of breastfeeding employees.
- Offering classes and support groups can be useful regardless of workforce size, especially when spouses can participate as well.
- Where large numbers of employees participate, many companies contract out for such programs, services and supplies.

Resources:

Bocar DL J. Perinat Neonat Nurs 1997; 11:23-43.
 Dodgson JE, Duckett L. AAQHN J. 1997;45:290-298.
 Faught L J Compensation Benefits 1994: Sept/ Oct 44-47.
 Thompson PE, Bell P. Issues Compr Pediatr Nurs 1997;20:1-9.

References:

1. American Academy of Pediatrics, Work Group on Breastfeeding. Pediatrics 1997; 100(6):1035-1039.
2. Cohen R, Mrtak MB, Mrtak RG. Am J Health Promot 1995;10:148-53.
3. Danyliw NQ. U.S. news and World Report, Dec. 15, 1997. P. 79-81.
4. Sanvita Programs introductory pamphlet, McHenry, IL; Medela Inc, 1993.

International Board Certified Lactation Consultants are the health professional specializing in breastfeeding. They can provide guidance and assistance in establishing breastfeeding support systems for employees and providing clinical lactation therapy should problems arise.

For more information, contact:
 International Lactation Consultant Association
 4101 Lake Boone Trail, Suite 201
 Raleigh, NC 27607
 Tel: 919/787-5181
 Fax: 919/787-4916
 Website: www.ilca.org

Sanvita Programs
 Medela, Inc.
 P.O. Box 660
 McHenry, IL 60051-0660 USA
 (800) 822-6688

For local assistance, contact:

5. Sanvita Programs introductory pamphlet. McHenry, IL: Medela Inc., 1994.
6. Bailey, D. The Potential Health Care Cost of not Breastfeeding. Pamphlet, Lexington-Fayette County (KY, USA) Health Department, 1993.
7. Cohen R, Mrtak MB, Am J Health Promot 1994; 8:436-441.



Breastfeeding

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

Background

According to the American Academy of Pediatrics, human milk is the preferred nutrition source for all infants, including sick and premature infants, except in rare cases.¹ Exclusive breastfeeding (i.e., breast milk as the sole source of food) is the ideal method of feeding infants up to about six months of age, after which breastfeeding should be continued but complemented with other sources of nutrition.

Breastfeeding has been shown to have health benefits for infants, particularly by reducing infectious disease and chronic digestive disease. It also has been implicated as having a long-term impact on growth, health, and development. From an economic standpoint, breastfeeding reduces health care costs and employee absenteeism attributable to childhood illness. In addition, after the first six weeks of lactation, the cost of increased caloric intake for nursing mothers vs. non-nursing mothers is about half the cost of purchasing formula. Thus, savings of \$400 per child for food purchases can be realized.² In spite of well-documented positive effects, the present in-hospital breastfeeding initiation rate in the United States is 64 percent, and duration rate (at six months postpartum) is 29 percent. These percentages fall short of the Healthy People 2010 goals for breastfeeding, which state that the proportion of mothers who initiate breastfeeding should be increased to at least 75 percent, and the proportion of mothers who continue to breastfeed until their infants are six months old should be increased to at least 50 percent.³ Generally, initiation rates for working women do not differ from non-working women. However, in 1997, only 18 percent of full-time working mothers were still breastfeeding their children at six months old, which is below both that of part-time working and non-working mothers.⁴

Policy

Promote breastfeeding practices in workplaces by providing information, materials, and access to comfortable surrounding for mothers and babies.

CIGNA Corporation, the insurance and benefits company based in Philadelphia, has instituted the Working Well Moms lactation program for new mothers, which boasts a current enrollment of over 1,000 women. Nearly 80 percent of CIGNA's 38,000+ employees are women, at an average age of 35. The program provides consultation for mothers with a professional lactation consultant before and after birth and access to a private room equipped with a hospital-grade breast pump, refrigeration, a carry case, and supplies.

The Public Health Foundation Enterprises WIC Program (620 employees; 95 percent women) has a Perinatal Support Program for all pregnant employees (average deliveries are 40 per year). The program provides both educational and emotional support, along with time and space for

mothers to pump milk. Expectant mothers (employees) receive information about pregnancy and breastfeeding through monthly prenatal classes and are also enrolled in a prenatal support group. When a WIC employee goes on maternity leave, the Perinatal Support Program Coordinator assists employees with applications for Family Medical Leave and also advocates for the employee if any insurance issues arise. The employee then chooses a Trained Lactation Coach (TLC) from a pool of other employees who have undergone an eight-hour breastfeeding training. This TLC provides support for the new mother from the initiation (within 24 hours of delivery) throughout the duration of breastfeeding. After employees return to work, they can participate in monthly breastfeeding support groups offered during the workday as they continue to breastfeed. Additionally, new mothers are provided with breast pumps at work and allowed time to pump breast milk at up to four intervals throughout the workday.⁵

Effectiveness

Results from a recent evaluation of Working Well Moms shows that more than 70 percent of women enrolled in CIGNA's Working Well Moms program were still nursing once their babies were six months old, compared to the national average of about 20 percent of employed new mothers. At one year, 36 percent of Working Well Moms participants are still breastfeeding, compared to the national average of 10.1 percent. The research further shows annual savings of \$240,000 in health care expenses for the more than 1,000 women enrolled since the program's inception. CIGNA is also seeing savings on pharmacy costs, as breastfed children require 62 percent fewer prescriptions. In addition, the program saves \$60,000 per year through reduced absenteeism among breastfeeding mothers at CIGNA. Researchers say the program appears to encourage more women to breastfeed and stay with it by breaking down economic and sociological barriers.⁶

Results from the Public Health Foundation Enterprises WIC Program's Perinatal Support Program demonstrate that these WIC employees significantly exceed the national health objectives for breastfeeding. In 1999, all employees participated in the program and initiated breastfeeding. Seventy-six percent continued through at least six months and 55 percent of these employees were still breastfeeding at one year. These rates are consistently higher than the goals set forth by Healthy People 2010, which establish target rates of 50 percent for continuing breastfeeding through six months and 25 percent for continuing breastfeeding through one year. The program's 1999 results are similar to results achieved during the previous three years.

Contact

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Tel: (626) 856-6650
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Acknowledgments

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Prevention Institute's nutrition policy profile series is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs.

¹ American Academy of Pediatrics Work Group on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics*. 1994;100:1035-1039.

² Ibid.

³ US Department of Health and Human Services. *Healthy People 2010: Conference Edition*. Vol 2. Washington, DC: US Dept of Health and Human Services; 2000:16-46.

⁴ Hamilton JC. A framework for analyzing health promotion in the workplace: the breastfeeding example. In: Abstract Book of the 16th Annual Meeting of the Association for Health Services Research; June 27-29, 1999; Chicago, Ill;16:394-395.

⁵ Meehan, Karen. Personal communication. March-April 2001.

⁶ Breastfeeding.com. Supporting moms is good business: CIGNA's corporate lactation program pays off. Available at: http://www.breastfeeding.com/workingmom/corp_lact.html. Accessed May 16, 2002.



Women's Health

Home SBS Toolkit SBS Web Links

• Home

- Staff
- New MANMED, Article 15-112
- Instructions
- Breast Care Centers
- **Breastfeeding**
 - The Breast
 - About Breast Milk
 - Mechanics of Breastfeeding
 - Mom's Diet
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 - Just for Fun
- Depo-Provera Information
- Emergency Contraception
- Family Violence

Why Breastfeed?

Breast feeding is best for baby, mom, families, and the world.
Best for Baby:

- promotes growth and development
- increased intelligence (higher IQ's)(*JAMA*. 2002;287(18):2365-2371)
- better brain and nervous system development
- decreased risk of cancer and diabetes
- decreased respiratory infection during the first year of life (*Arch Dis Child* 2003;88:224-228)
- decreased incidence of Sudden Infant Death Syndrome (SIDS)
- decreased risk of heart disease later in life
- decreased development of obesity (*Lancet* 2002;359:2003-2004)
- decreased early development of multiple allergic diseases (*Arch Dis Child* Dec 2002;87(6):478-481)
- decreased otitis media (ear infections) (*JAMA* 1999;282(22):2167-2169)
- increased bone density
- promotes healthy tooth and jaw development
- may decrease development of celiac disease (*Am J Clin Nutr* 2002;75:914-921)
- may decrease development of Rheumatoid Arthritis (RA) later in life (*BMJ* 2003;326:1068-1069.)



Best for Mom:

- decreased risk of breast (*The Lancet*;360:187)
- decreased ovarian cancer
- decreased risk of anemia
- helps body return to pre-pregnant state quicker
- may delay ovulation and menstruation
- decreasing occurrence of death from rheumatoid arthritis the longer the mom breastfeeds
- sweeter smelling diapers

Best for Families:

- more economical
- less time spent preparing bottles
- fewer missed work or school days due to the baby being sick
- special bonding time for siblings and dad

Best for the World:

- a natural resource
- healthier future generation
- reduces the cost of health care
- reduces tax burden on government and communities
- decreases absenteeism in the workplace

The Breast | About Breastmilk | Mechanics of Breastfeeding | Mom's Diet | Involving Dad | Just for Fun

TOP TEN REASONS TO SUPPORT SB 42: BREASTFEEDING IN THE WORKPLACE

- 1. 107 Countries protect working women's right to breastfeed; in at least 73 of these the breaks are paid. The U.S. does not guarantee the right to breastfeed, even though breastfeeding is proven to reduce infant mortality.**
- 2. You wouldn't prepare a sandwich in a restroom, so why are mothers forced to breastfeed in one?**
- 3. Breastfeeding is the first defense against obesity. Children who are not breast fed have higher rates of obesity and diabetes as well as more infections, asthma, leukemia, and dental issues.**
- 4. Healthy babies mean fewer sick days for working mothers.**
- 5. On average, medical costs for formula-fed babies run \$312 a year higher than for breastfed babies.**
- 6. Formula costs about \$7 a day. Breast milk is free.**
- 7. 21 States, DC, and Puerto Rico have laws related to breastfeeding in the workplace.**
- 8. Why choose to be lactose intolerant?**
- 9. Low-income women, who typically have less control over their work environment are more effected by not having access to a place to breastfeed and their children are therefore more likely to suffer the health noted health consequences of being formula-fed.**
- 10. Healthy young Alaskans become tomorrow's healthy workforce.**

EXCERPT FROM:

Alaska in Action

Statewide Physical Activity and Nutrition Plan



Dept. of Health & Social Services
Division of Public Health

Governor, Frank Murkowski
Commissioner, Karleen Jackson
P.O. Box 240249
Anchorage, AK 99524-0249
Telephone: (907) 269-8000
Web: <http://www.hss.state.ak.us/dph/>
Nov 2005

Increase Healthy Food Choices

Goal 3

Aim 3.7:

Alaskan mothers breastfeed their infants and toddlers

Educational Strategies:

- Conduct social marketing and media campaigns that highlight the benefits of breastfeeding

Program Strategies:

- Work collaboratively with the Alaska Breastfeeding Coalition and the Alaska WIC Program Loving Support social marketing campaign to promote and support breastfeeding efforts
- Work with healthcare providers and within healthcare systems to provide breastfeeding education and peer support

Policy and Environmental Strategies:

- Implement policies that support and encourage breastfeeding in healthcare settings (example: "Ten Steps to Successful Breastfeeding" recommendations developed by the World Health Organization and United Nations Children's Fund)
- Create and implement workplace policies that support breastfeeding, such as adequate break time and a private space for expressing milk

Aim 3.8:

Alaskans of all ages consume the recommended amount of fruits and vegetables

Educational Strategies:

- Implement a campaign promoting the health benefits of including fruits and vegetables into a healthy diet
- Implement a campaign encouraging the consumption of frozen and canned fruits and vegetables in rural areas, where fresh produce is often unavailable and expensive
- Provide Alaskans with recommendations on how to incorporate fruits and vegetables into daily eating routines
- Distribute "5-a-Day the Alaskan Way" materials to rural communities and stores

Program Strategies:

- Collaborate with rural vendors, food distributors and retailers on marketing of fruits and vegetables in rural areas
- Collaborate with retailers, wholesalers and food industry representatives on promoting fresh fruits and vegetables

Policy and Environmental Strategies:

- Develop and implement competitive pricing strategies for fruits and vegetables within Alaska
- Collaborate with retailers, wholesalers, and food distributors, as well as worksite and school personnel to ensure that fruits and vegetables are available and affordable in schools and worksite settings
- Develop and implement incentive systems for using food stamps for the purchase of fruits and vegetables

SAMPLE Legislative Language

The following examples are illustrations of legislative language enacted by various states to improve support for working women, including legislation related to both employers and childcare providers. For complete information and language related to a host of other breastfeeding-related issues, visit the La Leche League International Web site at: www.la lecheleague.org/Law/LawBills.html/ or at the National Conference of State Legislatures at: www.ncsl.org/programs/health/breast50.html/.

California

Cal. Lab. Code §1030, 1031, 1032, 1033 (2001)

2001 Cal ALS 821; 2001 Cal AB 1025; Stats 2001 ch 821,

1030. Every employer, including the State and any political subdivision, shall provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child. The break time shall, if possible, run concurrently with any break time already provided to the employee. Break time for an employee that does not run concurrently with the rest time authorized for the employee by the applicable wage order of the Industrial Welfare Commission shall be unpaid.

1031. The employer shall make reasonable efforts to provide the employee with the use of a room or other location, other than a toilet stall, in close proximity to the employee's work area, for the employee to express milk in private. The room or location may include the place where the employee normally works if it otherwise meets the requirements of this section.

1032. An employer is not required to provide break time under this chapter if to do so would seriously disrupt the operations of the employer.

1033. (a) An employer who violates any provision of this chapter shall be subject to a civil penalty in the amount of one hundred dollars (\$100) for each violation.

(b) If, upon inspection or investigation, the Labor Commissioner determines that a violation of this chapter has occurred, the Labor Commissioner may issue a citation. The procedures for issuing, contesting, and enforcing judgments for citations or civil penalties issued by the Labor Commissioner for violations of this chapter shall be the same as those set forth in Section 1197.1.

(c) Notwithstanding any other provision of this code, violations of this chapter shall not be misdemeanors under this code.

Connecticut

Conn. Gen. Stat. § 31-40w

2001 Ct. ALS 182; 2001 Ct. P.A. 182; 2001 Ct. HB 5656

(a) Any employee may, at her discretion, express breast milk or breastfeed on site at her workplace during her meal or break period.

(b) An employer shall make reasonable efforts to provide a room or other location, in close proximity to the work area, other than a toilet stall, where the employee can express her milk in private.

(c) An employer shall not discriminate against, discipline or take any adverse employment action against any employee because such employee has elected to exercise her rights under subsection (a) of this section.

(d) As used in this section, "employer" means a person engaged in business who has one or more employees, including the State and any political subdivision of the State; "employee" means any person engaged in service to an employer in the business of the employer; "reasonable efforts" means any effort that would not impose an undue hardship on the operation of the employer's business; and "undue hardship" means any action that requires significant difficulty or expense when considered in relation to factors such as the size of the business, its financial resources and the nature and structure of its operation.

Hawaii

HRS § 378-2, HRS §378-10

§378 – 10.2 Breastfeeding.

No employer shall prohibit an employee from expressing breastmilk during any meal period or other break period required by law to be provided by the employer or required by collective bargaining agreement.

§378-2 Discriminatory practices made unlawful; offenses defined.

It shall be an unlawful discriminatory practice: ...

(7) For any employer or labor organization to refuse to hire or employ, or to bar or discharge from employment, or withhold pay, demote or penalize a lactating employee because an employee breastfeeds or expresses milk at the workplace. For purposes of this paragraph, the term "breastfeeds" means the feeding of a child directly from the breast.

Illinois

820 ILCS 260/1 et seq.

2001 ILL. ALS 68; 2001 Ill. Laws 68; 2001 ILL. P.A. 68; 2001 ILL. SB 542

Sec. 1. Short title. This Act may be cited as the Nursing Mothers in the Workplace Act.

Section 10. Break time for nursing mothers.

An employer shall provide reasonable unpaid break time each day to an employee who needs to express breast milk for her infant child. The break time must, if possible, run concurrently with any break time already provided to the employee. An employer is not required to provide break time under this Section if to do so would unduly disrupt the employer's operations.

Section 15. Private place for nursing mothers.

An employer shall make reasonable efforts to provide a room or other location, in close proximity to the work area, other than a toilet stall, where an employee described in Section 10 can express her milk in privacy.

Minnesota

Minn. Stat. § 181.939

1998 Minn. ALS 369; 1998 Minn. Chapter Law 369; 1997 Minn. S.F. No. 2751

181.939 Nursing Mother

An employer must provide reasonable unpaid break time each day to an employee who needs to express breast milk for her infant child. The break time must, if possible, run concurrently with any break time already provided to the employee. An employer is not required to provide break time under this section if to do so would unduly disrupt the operations of the employer.

The employer must make reasonable efforts to provide a room or other location, in close proximity to the work area, other than a toilet stall, where the employee can express her milk in privacy. The employer would be held harmless if reasonable effort has been made.

Mississippi

SECTION 11. The Department of Health shall promulgate regulations to ensure that licensed child care facilities shall be required to comply with the following:

- (a) Breast-feeding mothers, including employees, shall be provided a sanitary place that is not a toilet stall to breast-feed their children or express milk. This area shall provide an electrical outlet, comfortable chair, and nearby access to running water.
- (b) A refrigerator will be made available for storage of expressed breast milk following guidelines from the American Academy of Pediatrics and Centers for Disease Control in ensuring that breast milk is properly treated to avoid waste. Universal precautions are not required in handling human milk.
- (c) Staff shall be trained in the safe and proper storage and handling of human milk.
- (d) Breast-feeding promotion information will be displayed in order to positively promote breast-feeding to the clients of the facility.
- (e) Such other requirements as the Board of Health finds desirable or necessary to promote and protect breast-feeding.

SECTION 12. No employer shall prohibit an employee from expressing breast milk during any meal period or other break period provided by the employer.

Rhode Island

R. I. Gen. Laws § 23-13.2-1 Workplace policies protecting a woman's choice to breastfeed.

(a) An employer may provide reasonable unpaid break time each day to an employee who needs to breastfeed or express breast milk for her infant child to maintain milk supply and comfort. The break time must, if possible, run concurrently with any break time already provided to the employee. An employer is not required to provide break time under this section if to do so would create an undue hardship on the operations of the employer.

(b) An employer shall make a reasonable effort to provide a private, secure and sanitary room or other location in close proximity to the work area, other than a toilet stall, where an employee can express her milk or breastfeed her child.

(c) The department of health shall issue periodic reports on breastfeeding rates, complaints received and benefits reported by both working breastfeeding mothers and employers.

(d) As used in this section: "employer" means a person engaged in business who has one or more employees, including the State and any political subdivision of the State; "employee" means any person engaged in service to an employer in the business of the employer; "reasonable efforts" means any effort that would not impose an undue hardship on the operation of the employer's business; and "undue hardship" means any action that requires significant difficulty or expense when considered in relation to factors such as the size of the business, its financial resources and the nature and structure of its operation.

Tennessee

Tenn. Code Ann. § 50-1-305

1999 Tn. ALS 161; 1999 Tenn. Pub. Acts 161; 1999 Tn. Pub. Ch. 161; 1999 Tn. SB 1856

(a) An employer shall provide reasonable unpaid break time each day to an employee who needs to express breast milk for her infant child. The break time shall, if possible, run concurrently with any break time already provided to the employee. An employer shall not be required to provide break time under this section if to do so would unduly disrupt the operations of the employer.

(b) The employer shall make reasonable efforts to provide a room or other location in close proximity to the work area, other than a toilet stall, where the employee can express her breast milk in privacy. The employer shall be held harmless if reasonable effort has been made to comply with this subsection.

(c) For the purposes of this section, "employer" means a person or entity that employs one (1) or more employees and includes the State and its political subdivisions.

Texas

Sec. 165.003 Business Designation as "Mother-Friendly".

(a) A business may use the designation "mother-friendly" in its promotional materials if the business develops a policy supporting the practice of worksite breast-feeding that addresses the following:

1. Work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk;
2. The provision of accessible locations allowing privacy;
3. Access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and
4. Access to hygienic storage alternatives in the workplace for the mother's breast milk.

(b) The business shall submit its breast-feeding policy to the department. The department (Texas Department of State Health Services) shall maintain a list of "mother-friendly" businesses covered under this section and shall make the list available for public inspection.

Washington

RCW 43.70.640

2001 W.L. ALS 88; 2001 W.L. Ch 88; 2001 W.L. HB 1590

Workplace breastfeeding policies -- Infant-friendly designation.

(1) An employer may use the designation "infant-friendly" on its promotional materials if the employer has an approved workplace breastfeeding policy addressing at least the following:

- (a) Flexible work scheduling, including scheduling breaks and permitting work patterns that provide time for expression of breast milk;
- (b) A convenient, sanitary, safe, and private location, other than a restroom, allowing privacy for breastfeeding or expressing breast milk;
- (c) A convenient clean and safe water source with facilities for washing hands and rinsing breast-pumping equipment located in the private location specified in (b) of this subsection; and
- (d) A convenient hygienic refrigerator in the workplace for the mother's breast milk

(2) Employers seeking approval of a workplace breastfeeding policy must submit the policy to the department of health. The department of health shall review and approve those policies that meet the requirements of this section. The department may directly develop and implement the criteria for "infant-friendly" employers, or contract with a vendor for this purpose.

(3) For the purposes of this section, "employer" includes those employers defined in RCW 49.12.005 and also includes the State, State institutions, State agencies, political subdivisions of the State, and municipal corporations or quasi-municipal corporations.



Municipality of Anchorage

P.O. Box 100650 • Anchorage, Alaska 99510-0650 • Telephone: (907) 343-4431 • Fax: (907) 343-4490 <http://www.muni.org>

Matt Claman,
Acting Mayor

Office of the Mayor

March 2, 2009

The Honorable Johnny Ellis
Senator, Alaska State Legislature
State Capitol, Room 103
Juneau, AK 99801-1182

Dear Senator Ellis:

The Municipality of Anchorage supports SB 42, *An Act relating to break times for employees who nurse a child*. As a part of our efforts ensuring the health of the Anchorage community, the Municipality has implemented the Mayor's Task Force on Obesity and Health Ten Year Plan. Goal 2.3 addresses the need to improve nutrition in the workplace. Goal 2.3d-1 recognizes the need to support working, breastfeeding mothers by encouraging "employers to support breastfeeding, such as adequate break time and a private space for expressing milk."

The passage of SB 42 benefits breastfeeding mothers and their infants. A lower risk for childhood obesity has been found in children who are breastfed. In addition, obesity risk declines with increasing duration of breastfeeding. The American Academy of Pediatrics recommends encouraging, supporting and protecting breastfeeding as one strategy to foster prevention and early identification of overweight and obesity in children. Breastfeeding initiation in the State of Alaska is one of the highest in the nation. Duration of exclusive breast feeding an infant is dependant on the mothers' ability to express milk when she is away from her child during the work day. The Anchorage Women Infant and Children's Supplemental Food Program (WIC) also is working hard to ensure that Alaska remains at the top for breastfeeding initiation and duration.

As an employer, the Municipality recognizes that breastfeeding support makes smart business sense. New mothers who are not breastfeeding have three times as many one-day absences from work as breastfeeding mothers, because their children are sick more often. Infants formula fed for the first three months of life incur \$331 more in health care costs, just for respiratory tract infections, compared to infants who are fed only breast milk. In an era of rising health care costs, we cannot afford to miss this opportunity to improve the health of mothers and babies.

The Municipality of Anchorage supports SB 42 as a much needed benefit for working mothers to continue breastfeeding after returning to work. The benefits of increased rates and duration of breastfeeding will accrue to the next generation of our citizens.

Sincerely,

Matt Claman
Acting Mayor

cc: Diane Ingle, Director, DHHS

Community. Security. Prosperity



Alaska Breastfeeding Coalition
P O Box 141034
Anchorage, AK 99514

February 26, 2009

Dear Senator Ellis,

The Alaska Breastfeeding Coalition supports bills SB 42, An Act relating to break times for employees who nurse a child. As professionals, we see on a daily basis the dilemma of mothers as they return to work. We know that many women choose to quit breastfeeding sooner than they would like due to the difficulty they experience when trying to express their milk for their child during their work schedule.

The passage of bill SB 42 will not only benefit breastfeeding mothers and their infants, but employers as well. Breastfed babies generally develop fewer occurrences of ear infections, lower respiratory infections, and GI illnesses during infancy and childhood. This translates into fewer absences from work by the parent. In addition, healthier children have fewer doctor visits reducing health care costs.

As stated in a letter to the Editor of the New York Times by Dr Audrey Naylor, "A goal of the United States Breastfeeding Committee is that 'every woman, regardless of her employment status, will have the opportunity to provide breast milk for her child.'" By showing support for SB 42 you can protect breastfeeding mothers from discrimination and support their efforts to raise healthy babies. We find this legislation to be a step forward in reaching that goal.

Sincerely,

A handwritten signature in cursive script that reads "Catherine E Tapey".

Catherine E Tapey, IBCLC, RLC
President.



ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

March 2, 2009

To: Senate sponsors: Ellis, Wielechowski

RE: Support for SB 42 "An Act relating to break times for employees who nurse a child."

The Alaska Public Health Association (ALPHA) represents 245 Alaskan public health professionals. The vision of the Alaska Public Health Association is that Alaskans shall have the knowledge and the means to live free of preventable illness and injury.

ALPHA supports passage of SB 42 to ensure the opportunity for women to express milk and/or breastfeed at the work place.

Breastfeeding provides many health advantages for both infant and mother. The American Academy of Pediatrics recommends exclusive breastfeeding during the first 6 months for the reduced risk of infection, for the prevention of childhood obesity, and reduces the risk of diabetes for infant and mother. In Alaska, the percent of working mothers of 4 month olds who were still breastfeeding (55.5%) was significantly less than the percent of non-working mothers (69.3%). Women often find it difficult to continue breastfeeding once they return to the workplace. Challenges include lack of break time and inadequate facilities for expressing and storing human milk.

Besides the numerous positive health effects to infant and mother, ensuring accommodations for breastfeeding offers rewards for the employer in cost savings for health care, reduced absenteeism, increased employee morale, and employee retention.

ALPHA urges passage of SB 42 to ensure the opportunity for working mothers to express milk and/or breastfeed at the work place.

Sincerely,

Karol Fink
ALPHA Board of Directors
Health Policy Chair

Hello Amory and Senator Johnny Ellis,

I am a nurse and would like to share my support of SB42. I had a son 20 months ago, and as a nurse at Providence working full time, I pumped three times daily for the first six months, then 1-2 times a day for the next 8 months after that. I was well supported in my efforts, but I also work in the Maternity Center, whose staff, of all places, understands the importance of breast feeding.

As a result, my son has been very healthy. Given that the American Academy of Pediatrics recommends breast feeding until one year of age, and that the World Health Organization recommends breastfeeding until two years of age, I feel this a an important way to positively affect the health of my child and save costs medically and in the work place. Not only did we not go to the Pediatrician's office for frequent ear infections or other illnesses more common with formula fed infants, I missed no work due to his illnesses, which benefited my workplace.

Though my experience was very positive, I am sad for mothers of babies who want to breast feed their babies, but stop early due to not getting breaks or having any private space to pump (other than a bathroom stall.) Without the very positive support I got from my coworkers (all of whom are Lactation Consultants or who otherwise advocate breastfeeding on a daily basis to their patients), I don't think I would have been able to carry out the recommendation of our pediatrician and continue to breastfeed to the recommended age.

As it was, getting two 15 minute pumping breaks and one thirty minute lunch was challenging enough while working 12 and a half hour shifts. Every minute of my breaks I was pumping while somehow inhaling food into my mouth, which is hard to do. It takes dedication, but without breaks and support, is not likely to happen, even amongst the most dedicated mothers.

Breastfeeding and getting pumping breaks while working to continue breastfeeding is key not only a child's health, but to saving money in regards to decreased medical costs both short and long term, as well as decreased missed time from work for working mothers. Breastfed children are less likely to have frequent illnesses in infancy, but also less likely to have diabetes, cancer, intestinal diseases and many other costly diseases as adults.

Support of breaks for breastfeeding moms is key to a healthier child, family and community. It just makes sense!

If you have any questions or would like to discuss this further, please feel free to contact me. If you can think of a child that you love, be it your own, a god child, a child at your church or in your community, please think of them and their health when you consider this bill. We all want the best for our loved ones, so supporting SB 42 is a way to make that happen.

Sincerely,

Ann Lovejoy RNC
Registered Nurse and Mother
Providence Alaska Medical Center
2511 East 17th Ave
Anchorage AK 99508


Thursday February 26, 2009

TO WHOM IT CONCERNS:

I am responding to support a bill which will provide any nursing mother a sanitary place and time enough to pump for her baby. I went back to work in 2002 breast feeding in a critical care unit, and it was ridiculous the amount of time spent trying to get someone to watch my patients so I could go somewhere to do it. The nurse beside me would always try, but mostly none could as they had their own patient who was critically ill. You just essentially left the area, hoping all would be well until you got back or tell your buddy, you were going to the bathroom to do it. We have a tremendous trouble getting a regular break and meal break already, much less give anyone a break to go pump. Telling someone in charge always brought a "see if you can get your neighbor to watch", and that was it. So within one month, my milk dried up and was gone. Just like that. Nobody cares except you or your family that your baby gets your milk. Nobody cares about the research that promotes the thought of continued breast feeding for as long as possible for health reasons for your baby. Many women I have seen get so miserable with pain, that they give up and go to the bathroom, and this makes me sick. I am just disgusted that they are reduced to going to the nastiest place in the area of work to pump that wonderful milk for their baby. This situation WILL NOT get better unless something is done physically by someone who sanctions it to be done. You could get a poll and I promise you most mothers would confirm this and that poll would reveal what I have just said. They are not supported to do it. This is more true if they work in a specialty area, except the labor and delivery area which has a wonderful place to relax do it with a rocker and a foot stool. Even a place like the Center for Child Development on our campus has areas for this. Unfortunately, both are 10 minute walks away, which wastes the break and stresses you such that you cannot relax to do it. So if your child happens to be within that 10 minute walk and you could physically breast feed your baby, you can't. Somewhere to pump is the best you're going to get, if indeed that happens

So the bottom line is - mothers in my workplace, the intensive care unit, have never had a huge support system that assures new mothers they can continue to do what is best for their babies and still work doing what intensive care nurses do. If it is in your power to help see that this gets corrected, please do it. A lot of babies would surely have what they needed during the first year of their life that their doctor recommends. Thank you for listening to my comment. I only wish someone had intervened for me when I was trying to do it.

Sincerely Yours,


Debbie O'Brien, RN, CCRN

February 17, 2009

Dear Senator Ellis & Alaskan Legislators,

I have been a paid employee for the last 36 years. I have spent the last 30 years as a Registered Nurse. I know all too well the responsibility of patient care and the personal toll this can take on ones own health. I am totally in support of SB 42. All too often the mothers in the institution where I work find it difficult to get away to "pump" during a 12 hour shift. The facilities they are given are often not near their patient care unit, therefore are forced to do this procedure in the bathroom in order to have privacy.

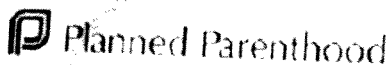
Frequently, RN's have to put there own physical needs aside to care for patients and their families. These staffing shortfalls are a choice that management makes everyday in order to save an FTE, or someone to cover patients while RN's meet their own needs. These staffing shortfalls are what contributes to the shortage of RN's that will work for hospitals, caring for the sick and vulnerable who deserve quality care in the State of Alaska, as well as in this country.

Please feel free to contact me with any questions you may have about this legislation and how it may affect the female dominated nursing profession.

Thank you for your work on behalf of Alaskans.

Donna Phillips

Donna Phillips, RN, BSN
Girdwood, AK
907-830-5333



A L A S K A

February 24, 2009

RE: SB 42

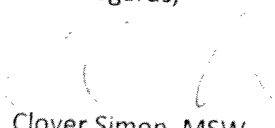
Dear Honorable Legislators:

As an employer in Alaska, Planned Parenthood of the Great Northwest supports SB 42. Promoting breastfeeding by supporting working mothers enhances the long term health of the baby. Babies who have a good healthy start are less likely to have long term health problems. Because we primarily employ women PPGNW has made it company policy to provide a private room for new moms to breastfeed or pump.

- Accommodating women has not increased costs for Planned Parenthood.
- Women use their break time and it has not interfered with productivity.
- Valuable employees are able to return to work earlier.

Please do not hesitate to contact me directly if you would like to learn more about breastfeeding in our workplace.

Best Regards,


Clover Simon, MSW

Vice President of Alaska

Planned Parenthood Votes! Alaska and Planned Parenthood of the Great Northwest
4001 Lake Otis Parkway Anchorage AK 99508
907.770.9705

8492A Thunder Mountain Road
Juneau, AK 99801

3 March 2009

Senator Johnny Ellis
Attn: Amory Lelake, Legislative Aide
State Capital Building, Rm 103
Juneau, Alaska 99801

Senator Ellis,

I am writing to express my whole-hearted support for SB 42. I personally had a good experience balancing breastfeeding with work, and I wanted to share a few points to allay the fears of those small business owners who oppose the bill because they feel it would be an undue burden.

I returned to work full-time after six weeks of maternity leave. Because of my employer's support, I was able to breastfeed my baby exclusively for six months (no formula), and continue nursing after that for quite a while as I gradually introduced solid food.

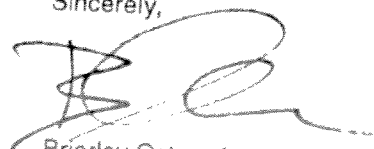
During a typical eight or nine hour workday in the first six months of my baby's life, I took a 15-minute break in the morning and another 15-minute break in the afternoon to pump at work. I used my one-hour lunch-break to nurse my baby in person. As the baby got older, I pumped less often, gradually eliminating both 15-minute pumping sessions around the time of my baby's first birthday.

Breastfeeding mothers don't need a plush little suite with nice lighting and an armchair to pump or nurse. We just need a space that's reasonably private, ideally with a place to sit and an electrical outlet to plug in the pump (though batteries are an option). At my primary work-site, I used an existing locker room. It wasn't completely private, but it was women-only, which was good enough. During meetings and conferences, I was often able to get permission to use a supply closet. I occasionally pumped in a bathroom, but maintaining sanitary conditions for the milk was truly a challenge, and I only did that as a last resort. (Imagine trying to make a sandwich for your kid in a public bathroom stall—yuck!) Access to a refrigerator to keep the milk cold is a bonus, but cold packs in a cooler can work if a refrigerator isn't available.

I'm sure other people will provide all the statistics and anecdotal evidence about the health and emotional benefits of breastfeeding. I just wanted to give an example of how easy it was for my employer to accommodate my needs as I strove to do something for my baby that was extremely important to me. Returning to work while adjusting to motherhood was emotionally trying. My employer's support of my commitment to breastfeeding made me feel better about my decision to continue working. I will always be grateful for that.

Thank you for introducing such a fantastic piece of legislation!

Sincerely,



Brierley Ostrander
907-586-0141
bko222@yahoo.com

Alice Albrecht
8287 Garnet Street, Juneau, AK 99801
(907) 789-8422

March 17, 2009

SB 42 and HB 176 "Nursing Mothers in the Workplace"

Dear Alaska Legislator:

I want to relay an experience I had while working with the Division of Retirement & Benefits in 2008, where my co-worker was subjected to humiliation because she needed to pump her breasts at work, as a necessity.

My co-worker needed to pump breast milk for her baby during her lunch hour. As a nursing mother, you can't wait until the end of the day.

The section supervisor who first discovered my co-worker pumping at her desk (under a blanket) during lunch... Replied "yechhhhh...."

Then this lady made our supervisor tell my co-worker she had to use the bathroom.

This resulted in my co-worker getting very upset and crying. She refused to subject her baby to an unsanitary condition created by bathroom germs and instead she spent a few freezing lunch-hours in her car pumping her breasts before this supervisor finally compromised and told her she needed to move to another desk during lunch to do it.

Why? Because the senior supervisor told her, "someone could see her over her cubicle. But to do that would require someone to jump up to peer over her 6 foot high wall to see her..." It didn't make sense, but you don't argue with someone who doesn't make sense.

So my co-worker left the sanctity of her cubicle and went across the hall where there was even less privacy because of a window. There she blocked out the window each lunch hour (and had to unblock it afterwards...) Now she had to bring in a blanket to put up over the cubicle door, because she was even more visible now, than if she had remained in her own cubicle.

When they filled the vacant person's position, my co-worker was asked to move again. This time to a cubicle with an open traffic pattern and even lower walls. (Previously she was in an area where only a few people from our section ventured.) Now she was in a more open area where even more people traversed back and forth much more frequently. The cubicle opening was much wider and harder to keep the blanket up.

This whole thing was humiliating to not only our co-worker, but to the rest of us who had to watch her endure her daily pack up and move noon-time humiliation, meant to discourage my co-worker from wanting to use her breast pump at work.

About a month later another co-worker had a baby. Though she was from the Retirement Section, and maybe it was her seeing what my co-worker went through, this co-worker took to pumping her breasts in the bathroom at least twice a day. Whenever I walked in there and heard the pump... I thought yuchhhh!

Yuchhh... what an unsanitary place to have to pump your breasts

Please support these bills.

Alice Albrecht



ALASKA WOMEN'S LOBBY
AWL Mission: To defend and advance the rights and needs of Women, Children and Families in Alaska

P.O. Box 20891
Juneau, Alaska 99802-0891
www.akwomenslobby.org

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Members**

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Lobbyist

Geran Tarr,
Chair

Jayne Andreen

Nancy Courtney

Grace Danborn

Torie Foote

Cady Lister

Patricia Macklin

Rebecca Madison

Shirley Morton

Den Nigro

Taber Rehbaum

Nancy Scheetz-
Freymler

Libby Silberling

Rose Wysocki

**Letter of Support
SB 42: Nursing Mothers in the Workplace**

The Alaska Women's Lobby, a statewide group with steering committees in Fairbanks, Anchorage and Juneau, whose mission is to defend and advance the rights and needs of women, children and families in Alaska, wholeheartedly supports SB 42.

Alaska should join the twenty-one states, District of Columbia and Puerto Rico that have laws related to breastfeeding in the workplace. ("50 State Summary of Breastfeeding Laws", by the National Conference of State Legislatures Feb. 2009)

Why support nursing mothers in the workplace? Because they and the businesses they work for are worth the support.

Fewer sick days for moms:

Formula feeding moms have three times as many one-day absences from work to care for sick children in the first year of life than do breastfeeding moms. Cohen, Mrtek, and Mrtek (1995)

It is estimated that, for every 1000 formula feeding babies, their mothers would miss a total of one full year of employment in excess of breastfeeding mothers, because their children are sick so much more often, Ball and Wright (1999)

Return on investment:

Aetna found a \$2.8 return for every \$1 invested to support lactation

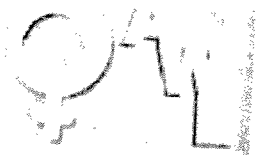
Sanvita, a worksite lactation support company, has found that companies have obtained \$1.50 to \$4.50 for each dollar invested.

Lower health care costs:

Infants who receive only their mothers' milk for the first three months of life incur \$331 less in health care costs over the first year of life. (Cohen, Mrtek, and Mrtek (1995))

The longer a woman breastfeeds, the lower her risk of breast cancer and possibly diabetes. The longer a woman breastfeeds, the lower her child's risk of obesity. The risk of infant's disease goes up the earlier formula is introduced (Moreland, American Family Physician, 2000)

Provide an opportunity for working mothers and their babies to thrive in the workplace and in our state. Pass SB 42 this session



ALASKA WOMEN'S LOBBY

AWL Mission: To defend and advance the rights and needs of Women, Children and Families in Alaska

P.O. Box 20891
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SB 42

To Members of the Committee,

I write to you in support of Senate Bill 42, "Relating to break times for employees who nurse a child." As a former employee who was allowed to bring my infant to work with me, I encourage the State of Alaska Legislature to support this bill. It is critical that all mothers have the ability to protect their breast milk supply as a precious commodity to provide to their infants. This bill does supports this need.

As an employee allowed the flexibility to nurse or express breast milk I found, as did my employer, many advantages. At the time I worked for a small non-profit business and through their support I found I was a more loyal employee. I was at work more than my non-breastfeeding peers because my baby was not sick very often. An increase in productivity was a direct result of this. The company's health care insurance rates were directly impacted by how much our company utilized it's benefits. Because my baby was healthy, we did not drive up health insurance costs for other employees. As an added advantage for my employer, this support made them more attractive for perspective employees and made it easier to retain their employees.

Accommodating a woman space and time to express breast milk or nurse an infant is simply a matter of women and employers having open conversations to discuss how to accomplish this right. Having flexibility in the work place, creative minds to problem solve and an understanding that a baby's birthright to breast milk can support the need to express milk in the work place. Most working mothers can find resolution to this issue by seeking an empty office, quiet nook, underutilized conference room, private cubicle with slight adjustments, or any space that can be set aside for a few minutes every day with some privacy, a place to sit and an electrical out let. Even electricity need not be a barrier with today's modern equipment; high quality breast pumps are available with batteries or powered by hand or foot. An open discussion about accommodating break times for milk expression can also provide strategies for supporting the woman and respect their employer's needs.

Nationally and globally increases in breastfeeding rates for initiation and duration positively impact the health of mothers and babies, reduce health care costs for us all, and the impact of not breastfeeding negatively impacts our environment with regard to manufacturing and transporting of artificial baby milk and the disposal of the tins, bottles and nipple associated with this type of feeding choice. Alaska is known for many things: high rates of child abuse and neglect, and sudden infant syndrome. All of these things can be positively impacted by women in the work place continuing to nurse their babies. Breastfeeding support in the workplace is an essential component to supporting our state's health. Support SB 42.

Respectfully,

Dana Kent

9368 Lakeview Court

Juneau, Alaska 99801

523-6039

ALLIANCE FOR REPRODUCTIVE JUSTICE

2009 Women's Summit

March 20, 2009

re: SB 42 Breastfeeding in the workplace.

Dear Honorable Legislators:

My name is Jeannette Lacey Dunn and I am a constituent living in Juneau and I am writing in support of SB42.

I breastfed my son for more than one year but I went back to work 3 months after he was born. It is very important to express breast milk throughout the day to maintain an adequate supply. The only place I was offered space to express milk was in a bathroom and I did this for about 10 months. Women and babies need and deserve the opportunity and space for breastfeeding. Please support this legislation.

Thank you. Jeannette Lacey Dunn

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Juneau

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Alaska Women's Political Caucus • Alaska Federation of Business and Professional Women
Miroslava Hamare, Partner, Smolensky & Chambers • Planned Parenthood of the Great Northwest
Veronica Slater
Supporters

SEAR • ACLU of Alaska • Susan Sullivan

SB 42

ALLIANCE FOR REPRODUCTIVE JUSTICE

2009 Women's Summit

3-20-09

Dear Honorable Legislator,

As a health care provider directly involved with breastfeeding women, I would like to encourage you to support SB42. As a midwife, I know the advantages of breastfeeding for mother and baby. The American Academy of Pediatrics recommends breastfeeding for a full year... which is difficult for most mothers that need to return to work with small infants. Allowing a private place to breastfeed or pump, and work breaks, is an essential component to extend the time an infant receives breast milk.

Breastfed infants are healthier and those infants get sick less often, keeping employer costs down in the long run.

Thanks for your consideration Senator Paikuan
Barbara Norton CNM, WHCNP
Cereya Woods Birth Center
Anchorage Alaska

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Veronica Nacer

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SEAR • ACLU of Alaska • Susan Sullivan

ALLIANCE FOR REPRODUCTIVE JUSTICE

2009 Women's Summit

March 20, 2009

RE: Senate Bill 42

Dear Chair Paskvan:

As a public health professional and citizen of Alaska, I wholeheartedly support Senate Bill 42. Mothers need and deserve a safe, private, and sanitary place in which to breastfeed their infants, a process that ensures optimal health for developing children. I thank you for your work on this important issue, and encourage you to support the passage of SB 42.

Respectfully,

Sarah B. Petras, MPH

637 W 18th Avenue

Anchorage, AK 99503

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ALLIANCE FOR REPRODUCTIVE JUSTICE

2009 Women's Summit

March 20, 2009

Re: SB 42

Dear Chair Paskvan,

My name is Colleen Keane and I am an attendee of the 2009 Women's Summit. As a woman of childbearing age, I plan to have and raise children in Alaska in the future. I would like to have the opportunity to breastfeed my future children in a safe, sanitary location at my workplace, which SB42 would insure.

I would appreciate your consideration of passing this bill in the Senate Labor and Commerce Committee when it is heard next week.

Thank you for your consideration and support.

Sincerely,

Colleen Keane

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Marissa Turner, Partner, Scenic & Chambers • Planned Parenthood of the Great Northwest
Veronica Major

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The Voice of Small Business[®]

Alaska

January 20, 2009

The Honorable Johnny Ellis
Alaska State Senate
State Capitol Building
Juneau, Alaska 99801-1182

RE: Senate Bill 42

Dear Senator Ellis,

On behalf of the National Federation of Independent Business/Alaska, I wish to express our opposition to Senate Bill 42. National Federation of Independent Business/Alaska is the largest small-business advocacy group in Alaska.

While we share your concern for the welfare of mothers who are nursing their infants, we oppose legislation mandating methods of accommodating the needs of our employees.

Independent businesses in Alaska are close to their employees who are not only our employees, but also our friends and neighbors. Small businesses have a great record of working with our employees to accommodate their needs. State intervention more often than not creates mandates focused on activities much larger businesses and governments such as the state of Alaska.

While SB 42 contains no specific fine, it still carries the effect of state law. That allows state regulators to use the weight of our state government against small employers to impose the interpretation of that regulator on businesses that rarely have the resources to stand up against unreasonable interpretations of state law.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Dennis L. DeWitt".

Dennis L. DeWitt
Alaska State Director
National Federation of Independent Business

cc: Senate Labor & Commerce Committee